

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1257 Office of Registrar of Vital Statistics. Ward 1st 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th July 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Klingelhofer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 6 Years, 13 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. } A. Collingston Avenue 415,

Cause of Death, { First (Primary), Second (Immediate), } Insolation (Heatstroke)
Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, July 14th

Undertaker, Fred Gaeke William Lunn M. D.

Place of Business, 108 S. Caroline Address, A. Wolpert 318 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1252 Office of Registrar of Vital Statistics.

Ward 15²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, Josephina M. Milbourn

Sex, Female

Age, 20 Years, White Months, 5 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Domestic

Birth Place, St. Louis, Mo.

Duration of Residence in the City of Baltimore, 5 Days

Place of Death, 1200 Hamburg St.

Cause of Death, Bright Disease of Kidney

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Kenilwood

Date of Burial, July 14/88

Undertaker, Christie & Co. Medical Attendant, Theodore Cooke M. D.

Place of Business, 715 Light Address, 578 Hamburg St.

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[OVER.]

NO. 7208

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1253 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 13, 1887
 Full Name of Deceased, Ratie Beck
 Sex, Male or Female, Male
 Age, 19 Years, - Months, - Days.
 Color, White

Married, Single, Widow or Widower.

Occupation, No special

Birth Place, Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 1223 E. King St

Cause of Death, Laryngitis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Hall's corner

Date of Burial, July 15 1887

Undertaker, A. Rosenberg

Place of Business, 321 Park Ave Address,

Edward A. Paris M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1257 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 13th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Christina M. McDonald.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 93 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1333 Etting St.

Cause of Death, { First (Primary), Second (Immediate), } Senile Degeneration - Diabetes - Exhaustion.

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonne Bone Cemetery

Date of Burial, July 15 1887

Undertaker, A. Rosenberg C. O'Donovan Jr. M. D.

Medical Attendant.

Place of Business, 321 Park Ave Address, 311 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1253

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

July 12th, 1887.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 Years,

Color, White

Months, 13 Days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Married

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

Fifty (50) years.

Place of Death, { Give Street and Number. }

630 W. Fayette St.

Cause of Death, { First (Primary), Second (Immediate), }

General debility from old age.

Duration of Last Sickness,

one month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 15th

Undertaker, Andrew Rohde

Place of Business, 730 Penna Ave

Louis W. Knight M. D.

Medical Attendant.

Address, 414 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1256 Office of Registrar of Vital Statistics.

Ward 6²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1887

Full Name of Deceased, George W. Campbell
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Printer

Birth Place, Maryland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 22 years

Place of Death, 172-3, Mc Carbine St.
{ Give Street and Number. }

Cause of Death, Tubercular Consumption
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ceme

Date of Burial, July 14th 1887

Undertaker, William Dunne

Place of Business, 750 East St

Wm. L. Russell M. D.

Medical Attendant.

Address, 800, N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1257 Office of Registrar of Vital Statistics.

Ward 13²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 11th '87
Mary Allen

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years, — Months, — Days.

Color, Black ✓

~~Married~~, Single, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore,

70 years

Place of Death, { Give Street and Number. }

University Hospital

Cause of Death, { First (Primary), Second (Immediate), }

Chronic interstitial nephritis

Heart failure

Duration of Last Sickness,

Two years

All the above information should be furnished by the Physician.

Place of Burial,

N. Public Cemetery

Date of Burial,

July 13/87

{ Undertaker,

Geo. E. Brown

C. H. Mitchell

M. D.

Medical Attendant.

{ Place of Business,

Health Office

Address,

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Requested to List of Diseases on back of this Certificate.

KRAFT, on July 13, at 11:35 A. M., ELISEBETH KRAFT, in the 70th year of her age. The funeral will take place at four o'clock Friday afternoon, from her late residence, No. 20 Cumberland street. Relatives and friends respectfully invited to attend.

Health Department, City of Baltimore.

Permit No. A 1233 Office of Registrar of Vital Statistics. Ward 202

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13, 1907

Full Name of Deceased, Elisebeth Kraft
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female ~~Male~~ { Cross out the word not required in this line. }

Age, 65 Years, _____ Months, _____ Days.

Color, W

Married, Single ~~Widow or Widower~~ { Cross out the words not required in this line. }

Occupation, German

Birth Place, Germany { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 56 years

Place of Death, 20 - Cumberland St -
Senile Dementia { Give Street and Number. }

Cause of Death, Senile Dementia
{ First (Primary), _____ Second (Immediate), _____ }

Duration of Last Sickness, 5 - 6 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Co

Date of Burial, July 15/07

{ Undertaker, J. B. Cook M. D. Medical Attendant. }

{ Place of Business, 1003 E. Baltimore Address. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1259 Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14 '87

Full Name of Deceased, August Skene
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 60 Years, White Months, ✓ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Thyrmaker

Birth Place, Germany
{ State of country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, 410 Monroe St
{ Give Street and Number. }

Cause of Death, Leukemia
{ First (Primary), Second (Immediate), Exhaustion }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Co

Date of Burial, July 15/87

Undertaker, J.B. Cook

Place of Business, 1003 W. Butler Address, 1803 W. Pratt St.

J.R. Wilson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A. 1260

Office of Registrar of Vital Statistics.

Ward 2

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Woffman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Labour

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give Street and Number. } St. John's Place Anna & Bethel

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate), }

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, July 14

Undertaker, W. D. Duppel

James E. Dummille M. D.
Medical Attendant.

Place of Business, 157 S. Bond St. Address, 1701 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]